

Mail to:
IECDB
510 East 12th , Suite 1A
Des Moines, Iowa 50319

I.D. NO. _____
FORM:AMNDREG

Amendment to Lobbyist Registration
Executive Branch

The form may be photocopied.

PART A LOBBYIST IDENTIFICATION

Lobbyist's Name

Address amended? ☐ Yes

Mailing Address

City/State/ZIP

Phone number amended? ☐ Yes

Area Code/Phone Number

PART B AMEND CLIENT

Identify the organization, business entity, governmental entity or person which you either are beginning or ceasing to represent as a registered lobbyist. Use additional sheets if needed. For "Client Name", provide the name of the organization(s). The "Contact Person" should be an individual with that organization who has authority to answer questions regarding your representation, if any, and who would be responsible for filing the client's report, if required.

Client Name

Contact Person

Business Address

Title

City/State/ZIP

Area Code/Phone Number

Requested Action:

☐ Add this client

☐ Delete this client

☐ Revise client data: ☐ Revise Address.
☐ Revise Contact Person.
☐ Revise Client Name. Prior name was: _____

Is an additional page attached? ☐ Yes ☐ No

I request the above amendment be made to the information previously provided on my lobbyist registration statement.

Signature of Lobbyist

Date Signed